

My apologies for a late submission. I hope you are able to accept this. I have included my contact details but I ask that you keep them confidential and do not include them on your website if you publish this email.

I am writing to this Committee to tell of some of my experiences of breastfeeding.

My daughter will be 2 years old in May 2007. She chooses when she wants to eat food and when she wants to breastfeed. She is a very healthy, alert and happy girl. I am very happy that I have been able to breastfeed for this long as I believe that breastfeeding is very important for the physical, intellectual and emotional health of children.

I will respond to the Terms of Reference that I believe I am qualified to comment on.

d. Initiatives to encourage breastfeeding

I believe that there are not enough images of women breastfeeding in the public eye. I would love to see advertising on television and images on posters. I do not believe the community can lose anything by being accepting of breastfeeding. People need to be somehow shown that this is not an issue of women wishing to expose themselves in public. It is simply how those women wish to optimise their babies' health.

However, the community is losing a lot by not being more accepting of breastfeeding and individual babies and mothers lose out as well. I am sure others can present the statistics showing losses to the community much better than I can. What I can do is point out how I feel I and other mothers lose out by some people not being positive about breastfeeding. It is very important to me to breastfeed my daughter and I try hard to not allow others' opinions to stop me doing what I wish to do, but I often do feel people's eyes on me when I breastfeed in public. I do not know what they are thinking, I can only imagine but I do imagine. I imagine that they are thinking that I should not be feeding in public and I imagine that they are thinking that I should not be feeding a toddler of nearly 2 years old, even though the World Health Organisation (WHO) recommends breastfeeding children until at least 2 years old and in many societies around the world it is common to breastfeed way beyond this age. Certainly many of them may not be thinking these thoughts but many women believe that people think this. This is one reason they hide themselves away in baby change rooms to breastfeed instead of sitting comfortably in a café or why they feed in a nurse's room in a medical centre instead of sitting where they were in the waiting room where they could easily keep an eye on their older children.

When my daughter was young, there was a lot of pressure from community nurses to breastfeed to schedule. I think that on-cue, or demand, feeding could be encouraged more. Perhaps not all mothers feel capable of doing this for different reasons but I believe it should be encouraged where women wish to and explained as a viable option for all. I believe that scheduled feeding was introduced for formula fed babies and in fact has no relevance to breastfeeding. On-cue, feeding ensures that a woman's milk supply stays high. Perhaps some babies wean early because their mother's milk supply has dropped. They both then miss out on the many health advantages of extended breastfeeding.

Breastfeeding my daughter to sleep is very rewarding and feels like the most natural way to me, however I was discouraged from doing this by health professionals, mainly community nurses, from when she was very young. If this is an unsuitable method for some, I understand, but I do not see any reason to discourage those who wish to do it.

Most of the health professionals that I have seen with my daughter have appeared to have a strict belief in certain methods of feeding (as well as sleep and other aspects of baby care, which are often related). I believe these professionals should be more able to communicate to parents the various ways of doing such things and allow the parents to make their choices, with advice if asked for.

e. Examine the effectiveness of current measures to promote breastfeeding:

Some breastfeeding experiences we have had that may provide insight into this are detailed below.

1. When my daughter was about 3 months old she developed a temporary lactose intolerance or lactose overload. Her paediatrician suggested I feed her a lactose free formula until her diarrhoea cleared up, days or weeks, and then continue breastfeeding her if I wanted to. He did not mention that in that time my milk would dry up unless I expressed milk to keep my supply up. Luckily I looked into it myself and continued to express while we were trying to convince my daughter to feed from a bottle. Through my research I also found that formula is not necessary and that a change in breastfeeding technique can clear the problem up. I changed the way in which we breastfed and the problem cleared up. I believe the paediatrician should have given me the option of choosing how to correct the problem and certainly should have told me I would have to express milk to keep my supply up. If I had not done this it

would have been extremely hard to rebuild my milk supply and as I was very stressed at this time I might not have had the emotional reserves to do it. My daughter and I may have lost many months of wonderful breastfeeding experiences. I do not know if the paediatrician was unaware of the other technique for correcting the problem or if he simply chose not to mention it. I do not believe he promoted breastfeeding in his response to my problem.

2. My daughter and I visited a GP when she was about 15 months old. When she asked about my daughter's eating habits I said that she doesn't eat a lot of food although I offer it to her, but she still breastfeeds regularly and is usually healthy. The GP was surprised and asked if I have enough milk to sustain my daughter. This GP did not seem to understand the principles of Supply and Demand. I do not believe this comment promoted breastfeeding. In fact, it could put doubt into the minds of parents and make them worry about how their child is feeding. This may cause them to try to wean the child early (early according to WHO recommendation of 2 years) in the belief that the milk supply is not high enough anyway.

I believe more education is needed for doctors, paediatricians in particular, not only in the technical and troubleshooting side of breastfeeding but also in how important breastfeeding is to the health of a child. A continuing breastfeeding relationship is also often very important to the mother and this should be encouraged by health professionals.

3. Recently I was at a public swimming pool and was breastfeeding my daughter. I was asked to stop breastfeeding by a lifeguard and she suggested I use a family change room. Although I pointed out that I have a right to breastfeed in public (I have since found out this is covered by the Sex Discrimination Act 1984), her supervisor insisted that they have a policy which excludes breastfeeding in the pools. Although she admitted that the policy does not specifically include breastfeeding, she said it was a hygiene issue which they do have a policy about. She did not detail what she believed the hygiene issue to be. She also suggested the family change room, and it appeared to me that although they may not stop me breastfeeding while sitting on the seats near the pool, it would certainly not be welcome. I am still currently following this incident up with a letter, but I believe that this happened because there is not a general understanding in the community of the benefits of breastfeeding as well as a woman's right to breastfeed in public.

My friends and I were only at the pool for a couple of hours and we saw about 3 other women breastfeeding their babies (that makes 6 including us). To me, this shows that this could be an important issue for many people who use this public facility. We were aware of our rights (to an extent). Some women may not be, others may not stand up for themselves so easily. If a mother had a child in the water that they wanted to stay close to and a baby who needed to breastfeed, they might find it very hard to convince the older child to get out of the water to go to a family change room so the baby could feed. In this case, she may think that the only things she could do were bottle feed her baby or not go to the pool. It would be very sad if she had to stop breastfeeding because she thought it was not acceptable where she needed to do it, or if the older child missed out on swimming.

Some babies feed very frequently until one year old or older. This could mean going to a family change room every half hour or hour for half an hour or longer. This is very impractical and I think the attitude of the lifeguard shows a lack of understanding of the needs of a baby. I think this could partly be due to people believing that babies feed every 3-4 hours, which is not recommended for breastfeeding babies. Perhaps the general public could be better informed about how babies need to feed and they may then have a greater acceptance of public breastfeeding, which can only encourage breastfeeding in general. I believe that if women are discouraged from breastfeeding in public, many may not feel encouraged to do it at all.

Thank you for investigating this issue. It is a very important issue to me and my daughter as well as to many of my friends. Perhaps many people see breastfeeding as a practice of the past, or not necessary. However, if it improves the health, and hence the happiness, of our children, I think we should do all we can to encourage it. Surely the health and happiness of our children are some of the most important things to all parents.

Regards
Aeron Coombes

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